

STATE VETERANS HOME PLAN OF CORRECTION - Domiciliary

DATE OF INSPECTION: June 1, 2, 3, and 4, 2009

STANDARD		DEFICIENCY	PLAN OF CORRECTIVE ACTION	SVH STAFF	EVIDENCE OF IMPROVEMENT	VA STAFF SIGNATURE	DATE	METHOD OF REVIEW
10. Pharmacy	10. (B) A program is established for the safe procurement, control, and distribution of drugs.	Two prescriptions for controlled substances, schedule II, dated 5/21/09 dispensed for member use without signature of medical provider on hard copy of the prescription that is required by law.	All prescriptions noted in survey now have physician signatures. Pharmacists will be re-educated on procedure to handle Schedule II prescriptions by 7/15/09. Monitoring will be completed for 3 months on a weekly basis and then monthly thereafter by Pharmacy Director with reports to QA.	PHARMACY DIRECTOR, Becky Peterson				
10. Pharmacy	10. (D) Patients on self-medication are instructed by qualified personnel on the proper use of drugs.	Member #31 enrolled in self-administration of medication program. SLUMS score 3/24/09 is 19/30 indicating dementia. Upon interview member has a bottle of prescription medication in her drawer that is not included on her active medication list. Member #32 enrolled in self-administration of medication program. SLUMS score 3/19/09 is 16/30 indicating dementia.	The bottle of prescription medication that did not have an order, was removed from the member on the day of discovery and sent to pharmacy for destruction. St. Louis University Mental Score (SLUMS) was repeated on 7/9/09 with a score of 29/30. Self-Administration of Medication (SAM) Policy was revised on 6/26/09 and includes systematic review of SLUMS and instructions. Nursing and Social Work will be educated on 7/30/09. Medical Director will educate Medical and Pharmacy by 7/30/09. Social Work and Nursing will monitor members with orders to SAM with monthly report to QA Committee.	PHARMACY DIRECTOR, Becky Peterson SOCIAL WORK DIRECTOR, Dave Kreutzer DIRECTOR OF NURSING, Susan Peterson MEDICAL DIRECTOR, Dr. Jennifer King				
10.	10. (F) There	Six of six records did not	Six of six records	DIRECTOR OF NURSING,				

Pharmacy	is an established system for monitoring the outcome of drug therapy or treatment.	contain a drug regimen review completed by a licensed pharmacist for each of the past 12 months as stated in facility policy.	were in compliance with current practice. Drug Regimen Review (DRR) policy was revised on 6/26/09 to reflect current practice to complete every 6 months in Assisted Living/Dom. Monitoring will occur via the Medical Record Review biannually and concerns will be taken to the QA committee for review and revision.	Susan Peterson DIRECTOR OF PHARMACY, Becky Peterson				
Did the SVH submit CAP within 10 days? ____Yes ____No								
Approve / Disapprove								
Full Certification Provisional Certification								